

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 0015786 STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0650

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
BY AFFIDAVIT OF

FILED 22 64  
a. COUNTY MERCER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN PRINCETON MO.. Length of stay in 1b 13 days.  
c. CITY OR TOWN MERCER Inside Limits Yes ☐ No ☐  
d. STREET ADDRESS 2 MILES S. W. OF MERCER. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle CLINTON Last MC INTOSH 4. DATE OF DEATH Month 4 Day 8 Year 64

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 11-2-1922 9. AGE (last birthday) 41 IF UNDER 1 YEAR Months 9 Days 8 Hours 0 Min. 0 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY GENERAL 11. BIRTHPLACE (City and state or country) MERCER COUNTY MO.. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME JOHN MC INTOSH 13b. MOTHER'S MAIDEN NAME BYDA DRISKILL 14. NAME OF HUSBAND OR WIFE AMANDA MC INTOSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address MRS. AMANDA MC INTOSH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Inanition and Debilitation INTERVAL BETWEEN ONSET AND DEATH 24 hrs  
Generalized Carcinamatosis 8 mos  
Teratocarcinoma of the left Testicle 2 1/2 yrs  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year August 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) August 1962 20f. CITY, TOWN, OR LOCATION April 8 1964 COUNTY xx STATE April 7, 64

21. I attended the deceased from August 1962 to April 8 1964 and last saw him alive on April 7, 64  
Death occurred at 8:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Mercer, Missouri 22c. DATE SIGNED 4/13/64

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-11-64 23c. NAME OF CEMETERY OR CREMATORY MIDDLE POINT CEMETERY 23d. LOCATION (City, town, or county) (State) 5 MILES WEST OF MERCER MO

24. FUNERAL DIRECTOR ADDRESS AMES L. GREENLEE LINEVILLE, IOWA 25. DATE RECD. BY LOCAL REG. 4-15-64 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

3872102

3872102

NOV 10 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert L. Linder*

Licensed Embalmer No. 3967

P. O. Address Limoreville, Ga.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.